Monadnock Regional Coordinating Council for Community Transportation (MRCC)

Minutes from Tuesday, August 24, 2026, 9:00 a.m.

Southwest Region Planning Commission (SWRPC)

37 Ashuelot Street, Keene, NH

Members Present: Charlie Pratt, Acting Chair, *Home Healthcare, Hospice & Community Services (HCS);* Erika Alusic-Bingham, Secretary, *Community Action Partnership of Hillsborough and Rockingham Counties;* Sally Malay, *Keene Housing Kids Collaborative (KHKC);* Sandra McDonald, *Citizen Member;* David Meader, *Citizen Member;* Jolymn Paulsen, *Monadnock Family Services;* Karen Richi, *Monadnock Peer Support (MPS);* Jim Yannizee, *Cedarcrest Center.*

Members Present Online: Jamilla Pucciarello, Treasurer, *Cheshire County;* Annie Fernandez, *Keene Senior Center (KSC) (alternate);* Allan Gillis, *Community Volunteer Transportation Company (CVTC).*

Members Absent: Michael (Mick) Blume, *Keene Family YMCA;* Alice Cable, *Fall Mountain Regional School District;* Frank Dobisky, *Thomas Transportation;* Kim Rumrill, *Keene Senior Center;* Scott Symonds, *SMART Ride LLC*; Charles Weed, *Citizen Member;* Alison Welsh, *Cheshire County Treatment Court.*

Guests: Mike Athanasopoulos, *Alpha and Omega Transportation*; Suzanne Bansley, *Cheshire County (alternate);* Fred Butler, *NHDOT (online);* Chris Coates, *Cheshire County (online);* Beth Daniels, *Southwestern Community Services;* Martha Doherty, *Monadnock Family Services (alternate);* Sandra Faber, *Monadnock at Home (online);* Elizabeth Ferland, *City of Keene;* Katie Hart, *Home Healthcare, Hospice & Community Services (HCS);* Teri Palmer, *Manchester Transit Authority (online);* Angelique Pandolph, *Easter Seals (online);* Candy Reed, *Sullivan County Mobility Manager (online);* Michael Toth, *AmeriHealth Caritas*; Christine Treuth, Matthew Waitkins, *Nashua Regional Planning Commission (online)*, Chris Weeks, *Monadnock Community Hospital.*

SWRPC Staff Present: J.B. Mack, *Assistant Director*; Lisa Steadman, *Mobility Manager*; Chloe Gross, *Planner*.

I. Welcome and Introductions

C. Pratt called the meeting to order at 9:00 a.m. and facilitated a round of introductions.

II. MRCC Housekeeping

L. Steadman explained that the current MRCC Chair, Frank Dobisky, is stepping down from the position. C. Pratt is interim Chair until the position is filled. There were no questions. The group discussed officer nominations and including whether C. Pratt would like to assume the position as Chair.

MOTION: To nominate C. Pratt as the new Chair made by E. Alusic-Bingham, 2nd by S. Malay. C. Pratt said he would consider the nomination. **The motion was approved unanimously.**

L. Steadman noted that in accordance with MRCC bylaws, there will be a vote to approve the nomination at the next meeting.

L. Steadman asked for nominations for the Vice Chair position. A. Gillis and C. Pratt nominated S. Malay and emphasized the minimal additional commitment of time and effort. S. Malay said she will consider the nomination before accepting the position.

L. Steadman introduced Mike Athanasopoulos and Sandra Faber as potential new members. M. Athanasopoulos started a bus company in Swanzey called Alpha and Omega (A&O) Transportation. S. Faber works for Monadnock at Home which is a program of NH Catholic Charities. Monadnock at Home partners with CVTC and historically was a regular attendee of MRCC meetings. Another new face is Chris Weeks from Monadnock Community Hospital (MHC).

III. Old Business

J. Mack opened by briefing the committee on the Greater Keene Service (GKS) Steering Committee's work, which spanned five to six years of study aimed at identifying a provider for transit services in the greater Keene area. The effort included a proposal to expand transit service into Marlborough and Swanzey, as well as exploring microtransit — a demand-response service using smaller vehicles, with rides grouped by area and destination through software and algorithms. J. Mack noted that HCS had determined it lacked the capacity to take on a project of this scope, prompting the search for an alternative provider. GKS is composed of representatives from the City of Keene, Towns of Swanzey and Marlborough, HCS, Cheshire Medical Center, the Greater Monadnock Collaborative Chamber of Commerce, Keene State College — many of whom have clients who use the service and may be able to help fund it. Five applications were received, including three national companies and two local/semi-regional companies. Using a scoring rubric and ranking process, Southwestern Community Services (SCS) ended up at the top of the list, followed by Via, MOOver, and Circuit. Because SCS's and Via's scores were close, GKS unanimously asked SWRPC to conduct a due diligence process to determine whether a contractor arrangement was feasible. That review found that Federal Transit Authority (FTA) funding requirements would necessitate one or more full-time employees to oversee a contractor relationship and manage compliance, so GKS decided to move forward with its recommendation of SCS, since SCS can serve as a direct subrecipient of 5311 FTA funding. The GKS Steering Committee's recommendation of SCS was brought before MRCC at this meeting, with SCS representatives invited to arrive at 9:30 for questions. J. Mack noted that SWRPC staff had outlined, in a memo, a range of options for levels of MRCC involvement going forward — from a supportive "cheerleader" role providing a letter of support, to a more formal MOU in which MRCC would be directly involved in shaping how the service runs.

C. Pratt indicated that the selection process had been extensive — including interviews, meetings, and involvement of HCS staff — and stated a personal recommendation to proceed with a motion, but first opened the floor for questions. T. Palmer asked about the timeline for a July 1, 2027 start date and what the process would look like going forward. J. Mack responded that HCS is committed to providing services through July 30, 2027, with the transfer of assets and personnel arrangements still to be discussed. J. Mack anticipates SCS will conduct due diligence on the condition of assets and on pay scale/benefits for personnel and noted that microtransit implementation may take additional time. SWRPC has a transit consultant and a marketing specialist available to support SCS, and significant communication with ridership is expected to be needed.

K. Hart (HCS) stated that HCS and SCS have a strong relationship, and that next steps include a Non-Disclosure Agreement (NDA) and Memorandum of Understanding (MOU) to allow full information sharing so SCS can prepare to take over services — including staff, assets, and potentially shared space. HCS would share information and leverage the resources SWRPC is providing, including the transit consultant and marketing plan, particularly around routes, phone numbers, and schedules. K. Hart noted HCS is standing by pending MRCC's questions, comments, and concerns, and expressed that HCS is pleased SCS rose to the top of the list as a strong nonprofit partner with experience running transit services in Sullivan County.

S. Malay asked C. Pratt whether HCS currently receives FTA funding through MRCC, whether SCS would be able to apply for federal funding through MRCC and Cheshire County, and what the relationship between SCS and MRCC would look like — including whether a contract currently exists between HCS and MRCC that could be replicated with SCS. C. Pratt responded that this would ideally be the case. K. Hart added that the ideal scenario would be to transition the existing funding setup to SCS for both current and expanded services. J. Mack responded to S. Malay’s question further by clarifying that HCS receives FTA 5311 funding directly, but receives 5310 funding through the MRCC by way of a contractual

relationship with the MRCC's lead agency, Cheshire County. SCS would receive Section 5311 and 5310 funding in the same manner. With respect to Section 5311 funding, however, the staff memo put before the MRCC indicates different ways that MRCC could propose the relationship with SCS ranging from cheerleader to full-fledged partner and advisor.

MOTION: To accept the recommendation of the Greater Keene Service Steering Committee, made by S. Malay, 2nd D. Meader. **The motion was approved unanimously by roll call vote.**

Beth Daniels arrived as the roll call vote was being conducted. L. Steadman explained that 'that was the moment' in which MRCC had unanimously agreed to support SCS as its partner in providing Greater Keene service. There was a moment of celebration.

E. Ferland asked B. Daniels to share lessons learned from Sullivan County that could apply to this transition. B. Daniels explained that SCS has provided transit service for ten years and identified three major lessons: first, that community input is critical to decision-making, even for small changes, and that SCS has learned to pull back from internal-only decisions to incorporate community and route-expansion feedback; second, that DOT compliance including drug and alcohol screening requires intense focus and organization; and third, that fleet management requires significant long-term thinking and intentionality.

E. Alusic-Bingham asked how to get clients of social service programs to ride the bus, noting that funders don't always understand the significance of getting even one person to use the service. B. Daniels shared that a recent meeting with the Newport service revealed that a volunteer at Summercrest Senior Living Community stated that clients needed the service but they didn't use it because the process felt complicated, underscoring the value of ridership training and facilitation. SCS also runs a volunteer driver program in Sullivan County, and B. Daniels noted the importance of identifying which populations aren't riding to target outreach and presentations.

S. Malay asked about the microtransit timeline given the July 1, 2027 goal, noting that bus service transition would come first — and asked what that would mean for microtransit. B. Daniels confirmed that replicating existing bus service would be the first priority, allowing SCS to establish itself before moving into a microtransit planning phase, potentially taking a countywide approach once a base is built. S. Malay asked whether SCS has confirmed its intention to pursue microtransit; B. Daniels clarified that SCS is committing to bus service and exploring microtransit, with hesitation rooted in resource availability, sustainability, and the risk of being too city-centric. She noted that generating local match funding is a challenge, as organizations often must triage limited funds, which could mean prioritizing continuation of as-is service. She mentioned that additional funding sources — such as DOT — might help, and stated that if no progress toward microtransit were seen within one to two years, she would be disappointed to report that back to MRCC, but confirmed microtransit is an opportunity SCS is genuinely interested in pursuing. She cited SCS's history of flexing resources during COVID, including a car repair fund, rec center vehicles, and minivan purchases, and described microtransit as "its own animal" requiring dedicated match funding and resources to be sustainable. S. Malay noted that for the Kids Collaborative, microtransit is a key priority.

S. McDonald, a community member and rider, shared that riders need help getting to and from work, shopping, and reducing isolation — potentially requiring expanded service hours — and that missed medical appointments are a major concern, citing a statistic (referenced from a Lunch & Learn facilitated by L. Steadman) that 67% of missed appointments are due to transportation issues, which is especially significant given that a large share of the population is age 60 or older. She suggested employer involvement should be part of any expansion, noting some riders pay over $100/week for taxis to make early or late work shifts — something she has personally experienced — and recommended that day trips out of Keene be considered a priority as well.

B. Daniels responded that Claremont, Newport, and Charlestown in Sullivan County have high demand for rides to Dartmouth-Hitchcock (DH), now running up to six round trips per day, and that partnering with DH on missed appointments

has helped reduce the hospital's financial losses. They also provide many rides for dialysis patients. She emphasized that understanding employer start and end shift times is important for planning, noting that expanded hours have required staff to begin as early as 5:45 a.m. and end around 5:45 p.m., driving up costs for gas and staffing; she noted the DH route is currently the only one that could be considered a commuter route.

S. McDonald also raised AmeriHealth Caritas's role in providing social trips (e.g., banking, laundromats) and medical transport, noting the Wednesday HCS trips have been helpful, and voiced concern about licensing of drivers and rider safety with unfamiliar providers. M. Toth, representing AmeriHealth Caritas, thanked her for the input and reported that social trip ridership has doubled since the program launched in 2024, with continued growth expected; destinations are driven largely by community feedback. With upcoming Medicaid work requirements taking effect next year, AmeriHealth Caritas plans to expand the program to help members meet those requirements, and M. Toth said he would like to follow up offline regarding the licensing and safety concerns raised. M. Toth also asked B. Daniels about engagement with large employers, given their interest in getting staff to work safely and on time. B. Daniels said there has been some engagement but more is needed, particularly around shift times and HR benefits like bus passes, noting SCS's initial employer outreach focused on parking spaces required to accommodate personal vehicles and encouraging public transit use.

J. Mack raised the broader question of the type of working relationship MRCC would have with SCS going forward, given the transition activities required for SCS to be successful. He asked whether SCS has interest in formally joining MRCC as a partner. B. Daniels said she assumed participation in MRCC was required. J. Mack confirmed this is the case for 5310 funding and that SCS will likely access additional funding streams as well. B. Daniels expressed that she is looking forward to being part of MRCC, noting it is a different model than what exists in Sullivan County, where SCS itself is the lead agency helping coordinate RCC meetings and contracts. She said it would be valuable to be part of a larger group with many stakeholders. She also raised the question of how MRCC would like to receive reports.

L. Steadman then displayed four participation options for MRCC and SCS to consider; “Option A” being the least involved in the GKS transition and operation and “Option D” being the most involved including participating in applying in drafting funding applications. S. Malay asked whether "Option D" reflects HCS's current arrangement with MRCC. J. Mack clarified that since Cheshire County is the lead agency, MRCC is involved in its applications for 5310 funding. He reframed the question as whether MRCC needs a more formal partnership structure or whether SCS's existing trust and MRCC participation would suffice. S. Malay stated that MRCC would want to do at least "Option A", (which was to draft a letter of support for SCS’s use in securing funding) and asked SCS whether that would be sufficient. J. Mack explained that in SWRPC's research, boards providing oversight are common in situations where multiple programs operate under one roof, and that there is a risk transportation might not receive the attention that MRCC believes it deserves without more structure. S. Malay responded that it is a balance between communication among groups and allowing the expert organization to run its own operations. B. Daniels noted that, based on her review of MRCC minutes, there already appears to be regular communication at MRCC meetings regarding transition and implementation progress with HCS, and asked whether additional meetings with the GKS Steering Committee would be expected; she noted she considers herself answerable to 40 towns, numerous organizations, and DOT, and that regular report-outs to MRCC would be natural, though a more structured process could also be helpful — she expressed openness to whatever arrangement works best while working closely with HCS.

K. Hart noted that an MOU and NDA will exist between HCS and SCS, but that no such formal documentation has historically existed between HCS and MRCC, though additional support could be considered and negotiated going forward; she noted "Option A" seems non-negotiable. E. Alusic-Bingham asked who would be responsible in a "crash and burn" scenario and what would happen if funding dried up. It was noted that SCS would ultimately bear responsibility due to its DOT contract and funding relationship, and that SCS is expected to have sufficient safeguards in place to make such a scenario unlikely. In a worst-case scenario, a step-down process would likely occur. J. Mack responded to B. Daniels question about the involvement of the GKS Steering Committee saying that the Steering Committee’s involvement in the

process has officially concluded but it is staff's recommendation that MRCC invite them to participate as members of MRCC. He noted a key takeaway he gleaned from observing HCS' experience over the years is that transit operations will be far more successful with community support — both on the ground and financially — by building a foundation and support network with cities, HCS, Cheshire Medical Center, towns, the chamber, and others, which is part of the rationale for bringing the GKS Steering Committee members into MRCC.

L. Steadman then asked whether anyone would like to make a motion for SWRPC to begin drafting an endorsement letter.

MOTION: To have SWRPC begin drafting an endorsement letter, made by C. Pratt, 2nd E. Alusic-Bingham. **The motion was approved unanimously by roll call.**

L. Steadman also raised the need to be thoughtful about how this information is communicated publicly, asking members to be careful about discussing or broadcasting the meeting's content. K. Hart noted that HCS would prefer that Council members use discretion for a few weeks so that HCS staff can be informed first. S. Malay closed by emphasizing the importance of GKS members being included as MRCC members so that the region's needs can be fully represented.

L. Steadman gave a status update on the Crucial Appointment Ride Service (CARS) Request for Qualifications (RfQ), saying that responses are due by September 14th. There were no questions submitted in the RfQ question and answer period. After the responses are in, the CARS Steering Committee will review and score each. Prior to releasing the RfQ, MRCC needed to solidify the estimated program budget, which is about $227,000 annually. The CARS Steering Committee will meet on September 9th. MRCC can discuss the results of the session at the September MRCC meeting.

IV. New Business

C. Pratt stated that there is some new language in subrecipient agreements that MRCC needs to vote on today because the new fiscal year has already started. L. Steadman said that the new language says that if a rider is not eligible for a ride from a subrecipient operator, the operator must refer the rider to the region's Mobility Manager. A. Gillis said that he is not comfortable giving people's names to the Mobility Manager but is comfortable sharing L. Steadman's contact information. The new language reflects this.

MOTION: To accept the suggested language made by E. Alusic-Bingham, 2nd by D. Meader. **The motion was approved unanimously by roll call vote. A. Gillis abstained.**

L. Steadman will contact Cheshire County and alert them that the motion passed.

L. Steadman noted that her work plan has expired, however that does not seem unusual, as the current agreement wasn't approved until August of 2025. J. Mack and L. Steadman have made suggested edits bringing the work plan language up to date in reflecting the role's current requirements. Questions about updating the language can be raised before the next MRCC meeting so that the group can approve the work plan.

V. State-Level Updates

C. Pratt invited F. Butler to speak, but F. Butler was no longer online. L. Steadman spoke to F. Butler's proposal to the SCC to align RCC regions with county geographies and said that she will attend the SCC meeting in person to bring formal comments on behalf of MRCC.

E. Alusic-Bingham said that this realignment would not be helpful for those in the Eastern Monadnock Region and C. Weeks agreed. E. Alusic-Bingham explained that conversations and issues in her area are more closely aligned with Cheshire County rather than Hillsborough County. She said that since Hillsborough County contains both Nashua and Manchester, and a county-based realignment would combine those areas and make it difficult for her group to get its transportation needs met. C. Weeks echoed this concern. Peterborough and the Eastern Monadnock Region is in a transportation "desert," struggling to pull resources from the Keene or Manchester/Nashua areas. E. Alusic-Bingham and

C. Weeks reiterated that it would be nearly impossible to secure 5310/FTA funding for the Peterborough area if RCCs were realigned by county. C. Pratt agreed that obtaining funding would become difficult and noted this would be especially challenging for CVTC, which is based in Peterborough but serves the entire Monadnock Region.

C. Weeks also raised that Dartmouth-Hitchcock (DH) no longer has a relationship with Humana (which is a Medicare provider), and that Monadnock Community Hospital has seen an influx of patients from the Keene area as a result.

A. Gillis noted that CVTC already receives calls from all over the region, with most referrals coming from agencies rather than KeepNHMoving. In reference to increasing accessibility of KeepNHMoving in part prompting the RCC realignment discussion, he argued that the current system is working and that a realignment would create competition issues. T. Palmer noted that Manchester and Nashua receive funding through the urban complex but agreed that a realignment would not be beneficial, and mentioned that the state has discussed aligning RCCs with Regional Planning Commission boundaries, which would only impact border towns such as Weare — which sits between Districts 3 and 4 but could also be considered part of District 5. T. Palmer predicted there would not be much discussion at the SCC meeting and that feedback would likely mirror A. Gillis's comments. E. Alusic-Bingham added that the border-town issue is important to raise even though other regions operate within county bounds.

A. Gillis described CVTC's existing work with Weare and New Boston, which operates under an MOU with funding flowing to Cheshire County and shared reporting with Region 8. A contact person from Weare and New Boston helps identify their own qualified drivers under this model, and CVTC is now in similar talks with Lyndeborough and Wilton. T. Palmer said this is a good model and that breaking regions into strict county bounds would make such arrangements more complicated. L. Steadman added that she and A. Gillis had spoken with Ellen Avery, formerly of CVTC and former MRCC Chairperson, who noted that the chamber, SWRPC, United way and other organizations already include both Keene and Peterborough, and that a realignment would disrupt these existing partnerships. She noted the combination of Regions 5 and 6 was a change that was made after much consideration since Keene and Peterborough are part of the unified Monadnock Region, and that CARS operating as a backstop to VDPs would become more complicated under a countywide structure.

Matt Waitkins, from RCC 7, said his group has not formally discussed a potential change to the borders, though the Executive Committee met informally and reached a consensus to oppose changing the borders. He could not speak to how the full RCC would ultimately vote. Building on T. Palmer's point, he noted that the Nashua urbanized area receives both Nashua city money and RCC money, and that the overall funding pool is not expanding. C. Coates entered the meeting at 10:41. C. Pratt summarized that in hearing the conversation, the general consensus of MRCC is opposed to the realignment. Members indicated agreement by nodding.

L. Steadman asked that any additional comments or questions be sent directly to her, noting she will attend the SCC meeting in person. She invited anyone interested in joining her to let her know. S. McDonald asked that the comments reference C. Weeks's earlier comments and added that the Humana transition, along with scheduling factors (patients seeking to be seen sooner rather than later), could be another factor motivating people to go to Monadnock Community Hospital (MCH) instead of Cheshire Medical Center. C. Weeks confirmed that the volume of patients traveling from the Keene area to Monadnock Hospital has increased significantly over the past year.

L. Steadman announced that the Community Transportation Needs Assessment (CTNA) was released on August 2nd. A video was posted and released by email. The link to the CTNA is in the meeting packet and she encouraged members to view the valuable information contained there.

IV. Minutes of June 26, 2026 Meeting

MOTION: To accept the June 26rd 2026 meeting minutes made by C. Pratt, 2nd by S. McDonald. **The motion was approved unanimously by roll call vote.**

V. **Finances**

J. Pucciarello provided a year-end report of FY 26. The report is included in the meeting packet. There were no questions.

L. Steadman reported that she looked at three grants, two of which MRCC is not going to pursue. MRCC will wait until the spring round to consider the NBRC Catalyst program. MRCC also does not intend to apply for the ICAM pilot program because it is due on September 9th and there are other NH regions that are applying with the support of NHDOT. MRCC doesn't have a solid project, and the applying entity has to apply in conjunction with a transportation agency that already receives funds. The third grant is the CCAM-TAC Community Rides Grant Program. MRCC is looking into this grant and may pursue it in the future with a specific operator as the applicant.

VI. **Mobility Manager Update**

L. Steadman reported on her work over the last two months and reminded the group that they can find her hours and activities in her Mobility Manager Tracker document. She invited members to reach out if they have questions or comments.

VII. **Partner Updates**

L. Steadman invited MRCC members to provide partner updates.

S. Malay reported that The Kids Collab saw a huge need for rides to summer camp and their expense for providing those rides was about $15,000. The funding for these rides came from outside sources. S. Malay shared that the Kids Collab benefit breakfast is coming up on October 16 featuring Jeanine Fitzgerald as the keynote speaker who will be discussing communities thriving together. Registration is available on the Kids Collab website.

E. Alusic-Bingham said transporting kids to the local beach ($158) and Wallis Sands on the Seacoast ($1,000) made up the biggest expense for the organization this summer besides rent. The program is offered to youth at no cost, but participants need transportation to the program site. Youth transportation is a conversation that she would like to discuss more.

A. Gillis gave an update on CVTC. He reported that since November 2025, CVTC has had less than 5% of rides declined due to driver unavailability – this is a significant decrease from previous years. A. Gillis said he has recruited more drivers by going door-to-door asking for volunteers. He asks that MRCC send anyone interested in volunteer driving to talk to him.

C. Coates recognized the importance of supporting CVTC. He also noted that Cheshire County EMS has experienced a 28 percent increase in emergency calls from last year. Cheshire County EMS has five ambulances that operate 24/7 and the County is considering purchasing an additional ambulance. Cheshire County is expecting approximately 6,300-6,500 rides this year between interfacility transfers and 911 calls. The increase in rides can be attributed partially to interfacility transports. The County is the primary responder for Cheshire Medical Center. The County also provides transport services for 9 of the 23 municipalities in Cheshire County. Cheshire County also has a partnership with SMART Ride, providing fiscal support with the goal of boosting their program and therefore taking some pressure off the ambulance service. C. Coates reports that SMART Ride estimates it will hit 15,000 rides for nursing homes and other non-emergency situations.

VIII. **Next Meeting: September 22, 2026**

The next MRCC meeting is scheduled for **September 22, 2026**, at 9:00 a.m. The council is expected to discuss social services giving people rides, the Transportation Security Index, Community Transportation Month, what's happening in Peterborough, MRCC's vision and goals for FY 27, and elect MRCC officers. If members would like to add anything to next month's agenda, reach out to L. Steadman and C. Pratt.

IX. **Adjourn**

The meeting was adjourned at 10:58 a.m.

MOTION: To adjourn made by E. Alusic-Bingham, 2nd by D. Meader. **The motion was approved unanimously by roll call vote.**